



2301 McGee St, Suite 800
Kansas City, MO 64108-2662
(816) 842-3600
www.naic.org

National Association of Insurance Commissioners

COMPANY CODE APPLICATION

**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT A CERTIFIED COPY OF
THE CERTIFICATE OF AUTHORITY ISSUED TO YOU BY YOUR STATE OF DOMICILE.**

Please enclose or fax a copy with your application.

FULL COMPANY NAME

FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)

STATE OF DOMICILE

DATE COMMENCED BUSINESS

DATE INCORPORATED

MAIN ADMINISTRATIVE OFFICE ADDRESS

CITY

STATE

ZIP

PHONE

CURRENT FINANCIAL STATEMENT CONTACT PERSON

EMAIL ADDRESS

CURRENT FINANCIAL STATEMENT ADDRESS

CITY

STATE

ZIP

PHONE

COMPANY PRESIDENT

SELECT YOUR BUSINESS TYPE:

- | | |
|--|--|
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Life, Accident & Health |
| <input type="checkbox"/> Hospital, Medical, and Dental Service or Indemnity Corp (HMDI) | <input type="checkbox"/> Property & Casualty |
| <input type="checkbox"/> Health Maintenance Organization (HMO) | <input type="checkbox"/> Title |
| <input type="checkbox"/> Limited Health Service Organization/Prepaid Dental or Vision (LHSO) | |

SELECT THE TYPE OF ANNUAL STATEMENT BLANK YOU WILL BE FILING?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Consolidated Property & Casualty | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Individual Property & Casualty | <input type="checkbox"/> Health |
| <input type="checkbox"/> Life, Accident and Health | <input type="checkbox"/> Title |

If filing a **LIFE** or **FRATERNAL** statement, are there any separate accounts to report?

☐ Yes

☐ No

If **YES**, please list the names below:

FOR OFFICE
USE ONLY

SEPA ID

SELECT YOUR COMPANY TYPE:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Stock | <input type="checkbox"/> Risk Retention Group |
| <input type="checkbox"/> Mutual | <input type="checkbox"/> Residual Market Mechanisms/State Insurance Fraud |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Blue Cross/Blue Shield Non-Profit |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Blue Cross/Blue Shield Mutual |
| <input type="checkbox"/> Reciprocal | <input type="checkbox"/> Blue Cross/Blue Shield Stock |
| <input type="checkbox"/> Lloyd's | <input type="checkbox"/> Limited Liability |

IS THIS A U.S. BRANCH OF
AN ALIEN INSURER?

☐ Yes

☐ No

If **YES**, what state is
your port of entry? _____

CHECK BELOW WHICH PERIOD YOU WILL BE SUBMITTING YOUR FIRST STATEMENT FILING?

☐ Annual

☐ Quarter 1

☐ Quarter 2

☐ Quarter 3

YEAR _____

Is this company affiliated with or reported on another Insurance entity's organizational chart?

☐ Yes

☐ No

If **YES**, and a group code **HAS** already been established, please list below your group code, group name and date acquired.

If **YES**, and a group code **HAS NOT** been established, one will be established for you. Please list below the date acquired and affiliated insurance companies, including company codes. Also enclose a current copy of your Organizational Chart or Schedule Y with application.

GROUP CODE (IF APPLICABLE)

GROUP NAME

DATE NEW COMPANY WAS ACQUIRED

LIST AFFILIATED COMPANIES AND COMPANY CODES

NAME AND TITLE OF PERSON COMPLETING THIS APPLICATION

EMAIL ADDRESS

For Questions Contact:

Jennifer Heinz, Data Administrator II, Financial Systems & Services.

Direct Phone: (816) 783-8605 / Email: jheinz@naic.org / Direct Fax: 816-460-7521

For faster service, submit application via email or fax to contact above. If you prefer to mail your application, return to:

Jennifer Heinz
NAIC
2301 McGee Street, Suite 800
Kansas City, MO 64108-2662

Once received, your new NAIC Company Code will be emailed within 4 business days to the Current Financial Statement Contact as well as to the person completing this application, if different.

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Date Info Rec'd _____/_____/_____

DB Updated _____/_____/_____

Application last updated: 9/30/2003